



PTO/SB/01 (08-03)
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number RP-00172-US2

First Named Inventor MARATHE

COMPLETE IF KNOWN

Application Number 10/617,354

Filing Date July 11, 2003

Art Unit 3617

Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VARIABLE VENTURI

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 07/11/2003 as United States Application Number or PCT International

Application Number 10/617,354 and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01 (06-03)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: **00909** OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Bhaskar

Family Name
or Surname
MARATHE

Inventor's
Signature
Bh Marathe

Date
1/23/2004

Residence: City
Wooster

State
Ohio

Country
USA

Citizenship
Indian

Mailing Address
3783 Friendsville Road, Apt. 74

City
Wooster

State
Ohio

ZIP
44691

Country
USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Giles

Family Name
or Surname
PESCH

Inventor's
Signature

Date

Residence: City
Palm Bay

State
Florida

Country
USA

Citizenship
Canadian

Mailing Address
850 Nelson ave NE

City
Palm Bay

State

ZIP
32907

Country

Additional inventors or a legal representative are being named on the 01 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

[Page 2 of 2]

PTO/SB/01 (06-03)

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name _____ Family Name _____
(first and middle [if any]) _____ or Surname _____
Bhaskar MARATHE

Inventor's Signature _____ Date _____

Residence: City Wooster State Ohio Country USA Citizenship Indian

Mailing Address 3783 Friendsville, Apt. 74

City Wooster State Ohio ZIP 44691 Country USA

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name _____ Family Name _____
(first and middle [if any]) _____ or Surname _____
Gilles PESANT

Inventor's Signature *Gilles Pesant* Date 1-28-04

Residence: City Palm Bay State Florida Country USA Citizenship Canadian

Mailing Address 850 Nelson ave NE

City Palm Bay State FL ZIP 32907 Country USA

Additional inventors or a legal representative are being named on the 01 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

[Page 2 of 2]

PTO/SB/02A (08-03)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 01 of 01

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
DUSABLON	Patrice		
Inventor's Signature 	Date 11/9/04		
Residence: City 142 Dickinson Street NE	State	Country	Canadian Citizenship
Mailing Address			
Palm Bay City	Florida State	32907 Zip	USA Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/617,354
Filing Date	July 11, 2003
First Named Inventor	MARATHE
Title	VARIABLE VENTURI
Art Unit	3617
Examiner Name	Unknown
Attorney Docket Number	RP-00172-US2

I hereby appoint:

 Practitioners associated with the Customer Number:

00909

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	PESANT, Gilles
Signature	
Date	1-29-04
Telephone (321) 726-2033	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 03 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/017,354
Filing Date	July 11, 2003
First Named Inventor	MARATHE
Title	VARIABLE VENTURI
Art Unit	3617
Examiner Name	Unknown
Attorney Docket Number	RP-00172-US2

I hereby appoint:

 Practitioners associated with the Customer Number:

00909

OR

 Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	DUSABLON, Patrice		
Signature			
Date	1/19/04	Telephone	321-720-2034

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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First Named Inventor	MARATHE
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OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	MARATHE, Bhaskar		
Signature			
Date	1/27/2004	Telephone	(330)-202-6336

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 03 forms are submitted.

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